



APPLICATION FOR PLUMBING PERMIT

APPLICANT INSTRUCTIONS: For all applications, complete parts 1, 2, 3, and 4 of this form. This should be completed by the Plumbing Contractor only.

Application Date ____/____/____	General Contractor	Phone No.	Is the applicant the owner? Y / N
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1. PROPERTY INFORMATION

Street Address	Apt. #	Zip code	Zoning Class
Subdivision	Lot Number	Parcel Type <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Other	

2. OWNER INFORMATION

First Name	Last Name or Business Name	Phone
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3. PLUMBING CONTRACTORS INFORMATION

Company	Business Name			
Address	Street	City	St.	Zip Code
Phone / Fax No.	Office Phone No.	Office Fax No.		
Contact Name	Job Site Contact Name			
State of Illinois Plumbers License	License No.	Expiration Date ____/____/____		
Phone No.	Cell Phone No.	Office No.		

4. PLUMBING PERMIT APPLICATION

IMPROVEMENT TYPE:		
<input type="checkbox"/> New Construction	<input type="checkbox"/> Alteration	<input type="checkbox"/> Replacement

FIXTURE COUNT

FIXTURE	BASEMENT	1ST FLOOR	2ND FLOOR	3RD FLOOR
Water Closet				
Lavatory				
Bathtub				
Spa Tub				
Shower Stall				
Kitchen Sink				
Disposal				
Dishwasher				
Urinal				
Slop Sink				
Laundry Tray				
Floor Drain				
Clothes Washer				

FIXTURE	BASEMENT	1ST FLOOR	2ND FLOOR	3RD FLOOR
Grease Trap				
Sewer Ejector				
Ice Machine				
Drink Fountain				
Water Heater				
Lawn Sprinkler				
Sump Pump				
Water Service				
Hose Bibb				
Clean Out				
RPZ Valve				
Dble Chk Valve				
Other/Specialty				

FEE SCHEDULE: **MINIMUM PERMIT FEE: \$25.00**	
Single Family	\$7.50 Per Opening
Multi-Family 1 Bath Units (Flat Fee)	\$100.00 Per Unit
Multi-Family 2 Bath Units (Flat Fee)	\$150.00 Per Unit
Commercial	\$10.00 Per Opening
Industrial	\$10.00 Per Opening
Other	\$10.00 Per Opening

PERMIT FEE CALCULATIONS:	
Fixture Count Totals:	
Basement	_____
1st Floor	_____
2nd Floor	_____
3rd Floor	_____
Total Number	_____
Multiply the total number of fixtures by the appropriate per opening fee.	

Estimate Start ____/____/____	Estimate Finish ____/____/____	Plumbing Est. Value \$
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Signature _____

____/____/____
Date

PERMIT FEE \$ _____